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*Application # 09/806,709*

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/806,709
Filing Date	Oct 7, 1999
First Named Inventor	Sharna M. Loosmore
Art Unit	
Examiner Name	
Attorney Docket Number	API-1038-31-US

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|--|---|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Robert Yoshida
Signature	<i>Robert Yoshida</i>
Printed name	Robert Yoshida
Date	Reg. No. 54, 941

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Signature	<i>Wendy Edwards</i>
Typed or printed name	Wendy Edwards
Date	12/06/04

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PTO/SB/81 (11-04)

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	09/806,709
Filing Date	Oct. 7, 1999
First Named Inventor	Sheena M. Loosmore
Title	Protective Recombinant Hemophilus
Art Unit	
Examiner Name	
Attorney Docket Number	API-1038-31-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Thomas Bordner	47,436
Patrick J. Halloran	41,053
G. Kenneth Smith	43,135

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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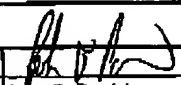
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	2 Dec 2004
Name	John E. Parrish	Telephone	570-838-4509
Title and Company	V.P. of Intellectual Property		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/806,709
Filing Date	Oct. 7, 1999
First Named Inventor	Sheena M. Loosmore
Art Unit	
Examiner Name	
Attorney Docket Number	API-1038-31-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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☐ The address associated with  
Customer Number:

OR

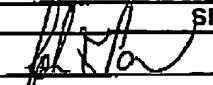
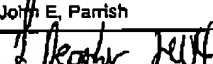
<input type="checkbox"/> Firm or Individual Name	Aventis Pasteur				
Address	1 Discovery Drive Bldg. 1- Knerr Bldg.				
City	Swiftwater	State	PA	Zip	18370
Country	United States				
Telephone	570-885-2528	Fax	570-885-2702		

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature				
Name	John E. Parrish			
Date			Telephone	570-839-4509

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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PTO/SB/96 (09-04)

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No.: 09/806,709Filed/Issue Date: Oct. 7, 1999Entitled: Protective Recombinant Haemophilus Influenzae High Molecular Weight ProteinsAventis Pasteur Limited

(Name of Assignee)

a. Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 13342, Frame 889, or for which a copy thereof is attached.

OR

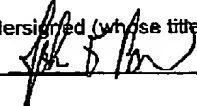
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
\_\_\_\_\_  
Signature2 December 2004  
\_\_\_\_\_  
DateJohn E. Parrish570-895-4509

Printed or Typed Name

Telephone Number

V.P. of Intellectual Property\_\_\_\_\_  
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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